



RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH

P.O. BOX 95026 • LINCOLN, NE 68509-5026 • PHONE (402) 471-2337 • FAX (402) 471-0180

**Minutes of the
RURAL HEALTH ADVISORY COMMISSION
Friday, November 22, 2013
Lincoln, NE**

Members Present: Marty Fattig; Jessye Goertz; Mark Goodman, M.D.; Mary Kent; Lisa Mlnarik, MSN, APRN-BC, FNP; Noah Piskorski, D.D.S.; Jenifer Roberts-Johnson, J.D.; Rebecca Schroeder, Ph.D.; and Roger Wells, P.A.-C.

Members Absent: Scot Adams, Ph.D.; Brian Buhlke, D.O.; Avery Sides, M.D.; Mike Sitorius, M.D.

Guests Present: Deb Schardt, Nebraska Dental Hygienist Association

Staff Present: Dave Palm, Margaret Brockman, Marlene Janssen, Tom Rauner, Deb Stoltenberg

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of September 19, 2013, Meeting; Introduce Members and Guests

Chairman Marty Fattig called the meeting to order at 1:35 p.m. with the following members present: Fattig, Goertz, Goodman, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells. Excused: Adams, Buhlke, Sides, Sitorius

Marty Fattig announced that the Open Meetings Act and Agenda are posted by the door.

Mr. Fattig requested a motion to approve the agenda. Dr. Mark Goodman moved to approve the agenda. Roger Wells seconded the motion. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells; NO: None

Mr. Fattig requested a motion to approve the minutes of the September 19, 2013 meeting. Roger Wells moved to approve the September 19, 2013, Rural Health Advisory Commission meeting minutes. Dr. Goodman seconded the motion. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Schroeder, and Wells; ABSTAINED: Roberts-Johnson; NO: None

With new members present, Marty Fattig asked the commission members and Office of Rural Health staff to introduce themselves and guest(s) were told they could abstain from introductions.

2. Administrative Items

- **Nominations for Chair and Vice-Chair**
- **2014 Meeting Dates**
- **Update on PT/OT Data**
- **Other Announcements**

Marlene Janssen stated that the commission needs to annually nominate a chair and vice-chair. At the September meeting, Marty Fattig announced he was willing to serve as chair for another year, if nominated. Dr. Rebecca Schroeder said she was willing to serve as vice-chair for another year, if nominated.

Roger Wells moved to nominate Marty Fattig for Chair and Dr. Rebecca Schroeder for vice-chair and to close the slate. Dr. Goodman seconded the motion. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells; NO: None

The commission members present agreed to the following 2014 meeting dates:

Friday, February 28, 2014

Friday, June 20, 2014

Thursday, September 18, 2014 (dinner meeting in Kearney)

Friday, November 21, 2014.

Except for the September 18th dinner meeting (6:00 p.m.) in Kearney during the Nebraska Rural Health Conference, all other meetings are in Lincoln and will begin at 1:30 p.m.

Marlene Janssen reported that she received the physical therapist (PT) and occupational therapist (OT) from the UNMC Health Professions Tracking Services earlier in November. Ms. Janssen stated that once she analyzes the data and prepares some options for the committee members to discuss she will set up a conference call. Once the full commission approves the shortage areas for PTs and OTs there has to be a 30-day public comment period.

Marty Fattig reported that he and Roger Wells are on the University of Nebraska President's Advisory Council and recently had the opportunity to hear a presentation by Dr. Samuel J. Meisels, Director of Buffett Early Childhood Institute. Mr. Fattig stated that Dr. Meisels did a fabulous presentation on the benefits of early childhood interventions but Dr. Meisels told him later that he did not know much about "rural."

Roger Wells said Dr. Meisels' main emphasize was on pre-school education and how every dollar spent on early intervention is returned 7-fold later. Mr. Wells stated that while this was presented as an educational issue it also impacts health and human services.

Jessye Goertz commented that with the No Child Left Behind Act data are published by school district and county. One of the school districts close to her area has a pre-school program and the district is getting high marks compared to districts without pre-school programs.

Jenifer Roberts-Johnson stated that Senator Kathy Campbell introduced legislation last session on quality-related improvement for pre-school and child care. The Department of Health and Human Services (DHHS) and Nebraska Department of Education are working on these measures. Ms. Roberts-Johnson suggested that the commission contact Pat Urzedowski and Paula Eurek at DHHS.

After some discussion on the disadvantages of rural education, the commission members agreed to have Marlene Janssen invite Dr. Samuel Meisels to present at the next commission meeting.

3. Rural Health Advisory Commission's Annual Reports

- **Rural Incentive Programs**
- **Recommendations**

Marty Fattig presented the draft Annual Report and asked for the commission members to specifically discuss the following statement in the Executive Summary:

“The number of rural incentive program recipients is directly proportionate to the state appropriation for the program. The need remains high and the ability to fund loan recipients is declining as shown in Chart 1. The Rural Health Advisory Commission strongly encourages increasing the current state appropriation level for the next biennium (FY2014 and FY2015).”

Marlene Janssen added that Dr. Mike Sitorius could not be here today but provided the following comment:

“Nebraska was one of the leaders nationally, with state-funded rural incentive programs when these programs started but funding has not kept pace with the demand. In addition, the rural incentive programs have expanded due to increases in the amount of the awards and the inclusion of more specialties without additional funding. The funding, award amounts, and health professions eligible for the rural incentive programs all need to be expanded due to increasing educational debt and demand for all health professions.”

After a lengthy discussion concerning issues to highlight in the executive summary, the commission decided to include Dr. Sitorius' comment in the executive summary and add a statement about the economic impact of health professionals in rural Nebraska.

Marlene Janssen then asked the commission to review the Recommendations included in the appendix. Ms. Janssen explained that these recommendations were written by commission members in early 2013 and distributed; they are included again in the Annual Report. These recommendations are a legislative requirement of the Rural Health Advisory Commission. Marty Fattig suggested that Ms. Janssen email the recommendations to all of the commission members and then each member can identify the area they would like to update.

Dr. Rebecca Schroeder moved to approve the Rural Health Advisory Commission's 2013 Annual Report and have the Office of Rural Health distribute the report to the following individuals: Governor, Lt. Governor, State senators, and DHHS Directors with a cover letter from the commission chair. Dr. Mark Goodman seconded the motion. There was a discussion on how the report would be distributed. It was decided to email the report to the State Senators except the Health and Human Services Committee and mail hard copies to the Governor, Lt. Governor, DHHS Directors, and members of the Legislative Health and Human Services Committee. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells; NO: None

4. Federal & State Legislative Updates

Marty Fattig provided a summary of legislative issues at the state and federal level. At the state level, Mr. Fattig reported that Senator Kathy Campbell is planning to introduce a new bill to expand Medicaid. Ms. Janssen asked what would happen to Medicaid expansion if the Affordable Care Act (ACA) was repealed in part or in whole. Mr. Fattig stated that his understanding is that Senator Campbell's bill will include provisions that if the ACA is repealed or if the federal government discontinues paying 100 percent of the Medicaid expansion, Medicaid expansion will be null and void.

LR 22 is the health care transformation interim study. Mr. Fattig, who is a member of this group, reported that meetings have been interesting including trying to define "health." Senator Campbell had the group look at "patient centered quality physical and mental health wellness" which is not just more health care but quality health care. Senator Campbell identified several areas of discussion including "access" which should be coordinated, appropriate, and universal and a "value" driven payment system with incentives for value and quality that are based on data which requires the means to collect data such as electronic health records (EHR). There also needs to be coordination between population and community with a focus on rural. Lastly, a decision will need to be made as to who will be in charge of this.

Marty Fattig reported that LR 232 was introduced to study streamlining the licensing process for health care professionals and LR 243 to look at Emergency Medical Services (EMS) within Nebraska. Both of these resolutions will probably be discussed under LR 22 due to time.

Federal issues are a moving target according to Marty Fattig. One of the main issues that affect rural health is physician supervision. The current rule is unworkable for rural hospitals. Disproportionate Share Hospital (DSH) payment cuts have taken place but were supposed to be in conjunction with Medicaid expansion.

Meaningful Use application deadline for Year 2 Stage 1 is November 30, 2013. Stage 2 begins in 2014 but may be delayed; the longer it takes the less likely a delay will happen. Meaningful Use is very difficult and some health care systems are deciding to take the penalty.

The American Hospital Association (AHA) has filed a lawsuit against the Recovery Audit Contractors (RAC) audits because hospitals are not allowed to re-bill for disallowed findings when a patient was admitted and should not have been. The Centers for Medicare and Medicaid Services (CMS) has come out with a two midnight rule allowing health professionals to reasonably assume the patient will be admitted but this too has problems.

Dr. Mark Goodman commented that "brick and mortar" hospitals are slowly becoming obsolete because with technical advances many procedures can now be done as outpatient. If providers are going to be paid to keep patients out of the hospital, that's what is going to happen. Marty Fattig interjected that doctors will then be firing non-compliant patients because these patients impact the payments doctors receive. If this happens more patients will end up in the emergency room at the hospital. Roger Wells stated that this is already happening in one area of Nebraska and the emergency room visits are now on the rise. Dr. Rebecca Schroeder noted that this has happened on the behavioral health side over that past ten years but no money has been put towards outpatient treatment.

5. State-Designated Shortage Area Request

▪ Custer County (family practice)

Marlene Janssen reported that Custer County has requested being designated as a shortage area for family practice. Ms. Janssen presented updated information concerning Custer County's family practice physicians and indicated that the county does meet the guidelines for designation.

Dr. Mark Goodman moved to approve Custer County as a family practice shortage area effective December 1, 2013. Roger Wells seconded the motion. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells; NO: None

6. Nebraska Rural Incentive Programs

- Loan Repayment Awards Update**
- Student Loans Update**
- Accounts Receivable**
- Review Budget**

Marlene Janssen reported that Todd Belgum, PharmD was approved "pending license" at the June Rural Health Advisory Commission meeting. Dr. Belgum's license was issued September 16, 2013 and his loan repayment practice obligation was set from October 1, 2013 through September 30, 2016. The local agency, Avera Creighton Hospital requested a delay in signing the loan repayment contract until late December to allow the hospital to become compliant with the E-Verify Program as required by the State of Nebraska.

Ms. Janssen stated there were no student loan updates to report.

Marlene Janssen reported on the following accounts receivable:

Student Loan (contract buyouts/practice defaults):

Stephanie Ebke, dental student – in-school buyout, payments current, due 5/1/2015
Danial Hanlon, dental student – in-school buyout, payments current, due 5/1/2015
Tamara Kenning, LMHP – practice default, payments current
Tracy Pella, LMHP – practice default, payments current
Tom Pratt, DDS – practice default, payments current
Andria Simons, left medical school – DHHS Legal received judgment, repaying
Nick Woodward, DDS (ped) – practice default, payments current

Loan Repayment (practice defaults):

Ashley Gunderson, P.A. – Paid-in-Full
Joseph Kezeor, M.D. – current
Megan Faltys, M.D. – payments begin March 1, 2014
Paul Willette, M.D. – DHHS Legal working on collections

Marlene Janssen reported that if the commission approves the loan applications that will be discussed in closed session, there will be approximately \$553,000 available to obligate during the remainder of FY2013-14. This is cash spending authority which means only half of that amount may be obligated for the state match because the other half must be available for the

local match. Also, cash must be available in the cash fund in order to use “cash spending authority.”

Ms. Janssen explained the state budget for the benefit of the new commission members. Marty Fattig added that the local match cash spending authority has been a difficult concept for even the legislature to grasp because funds are needed for the state match plus an equal amount of cash spending authority for the local match.

7. Primary Care Office Report

Tom Rauner reported that the Primary Care Office is currently updating shortage areas for Medicare Certified Rural Health Clinics. Medicare Certified Rural Health Clinics must be located in a federally designated shortage area. Nebraska has approximately 135 Medicare Certified Rural Health Clinics. The methodology was presented to the commission for approval in June. These federal shortage areas are called “governor-designated shortage areas”

Tom Rauner also reported that he will be submitting the Cooperative Agreement grant by the end of the year.

Marty Fattig mentioned that the Primary Care Office handles the National Health Service Corps (NHSC) Programs. The Nebraska programs compliment the federal programs; however, Nebraska generally does not score high enough nationally to take advantage of the NHSC programs.

8. CLOSED SESSION

- **Review Loan Repayment Applications**
- **Student Loan Deferment**

Dr. Mark Goodman moved to go to closed session at 3:10 p.m. to review loan repayment applications and discuss student loan deferment. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells; NO: None

Jenifer Roberts-Johnson left after vote, approximately 3:10 p.m.

Marty Fattig announced that the commission would go into Closed Session at 3:10 p.m. to review loan repayment applications and discuss student loan deferment.

9. OPEN SESSION

- **Motion(s) on Closed Session Discussion**

Dr. Mark Goodman moved to go to Open Session at 3:28 p.m. Roger Wells seconded the motion. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Schroeder, and Wells; NO: None

Roger Wells moved to approve the following loan repayment applications with estimated loan repayment start dates and loan repayment amounts as indicated or as determined by Office of Rural Health staff based on issuance of license and/or loan documentation:

Applicant's Name	Estimated LR Start Date	Specialty	County (Community)	Est. Amt Loan Repay
Metz, Katie	11/01/2013	P.A. (FP)	Box Butte (Alliance)	\$60,000
Haussermann, Brenda	11/01/2013	N.P. (FP)	Dundy (Benkelman) & Hitchcock	\$60,000
Loman, Sara	12/01/2013	N.P. (FP)	Hall (Grand Island)	\$60,000
Hall, Stephanie	10/01/2013	P.A. (FP)	Douglas County - OneWorld CHC	\$60,000

approve the following applications with estimated loan repayment start dates and loan repayment amounts as indicated or as determined by Office of Rural Health staff based on issuance of license and/or loan documentation but have the Office of Rural Health verify the practice hours of these applicants and make any necessary changes:

Applicant's Name	Estimated LR Start Date	Specialty	County (Community)	Est. Amt Loan Repay
Russell, Kelly (Wyoming?)	10/01/2013	D.D.S.	Cherry County (Valentine)	\$120,000
Jessen, Hannah 0.75 FTE	11/01/2013	P.A. (FP)	Holt County (O'Neill)	\$45,000

and move the following loan repayment application to the waiting list:

Applicant's Name	Estimated LR Start Date	Specialty	County (Community)
Albin, Jeremy	09/01/2014	M.D. (Gen Surg)	Platte County (Columbus)

Dr. Mark Goodman seconded motion. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Schroeder, and Wells; NO: None

10. Other Business

- **National Rural Health Day Activities**
- **Other**

Marty Fattig reported that National Rural Health Day was November 21, 2013. Mr. Fattig stated that a letter from the commission was mailed to current, "under obligation" rural incentive recipients thanking them for their service and requesting that they submit comments about the importance of the rural incentive programs. Mr. Fattig stated that several responses were received and included in the commission members' packets. There was some discussion about including some of these comments anonymously in the Annual Report. Mr. Fattig also reported that the commission sent letters to Nebraska's state and federal representatives, the governor and lieutenant governor in commemoration of National Rural Health Day. Dave Palm mentioned that Jon Vanderford from KOLN/KGIN TV did a story on the Lexington hospital. Jon Vanderford was also planning to do a live show with the president of the Nebraska Rural Health Association, but due to the weather this was postponed.

Marty Fattig provided a handout from the American Hospital Association on what Critical Access Hospitals (CAH) really do. CAHs make up nearly 30 percent of acute care hospitals but receive less than 5 percent of total Medicare payments to hospitals. Thirty-eight percent of CAHs lose money on operations every year. The best CAHs can do on Medicare is break even.

Marlene Janssen asked for a motion to add some of the quotes from the rural incentive recipients in the Annual Report.

Dr. Mark Goodman moved to add unidentified quotes to the Annual Report. Roger Wells seconded the motion. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Schroeder, and Wells; NO: None

11. Adjourn

Dr. Mark Goodman moved to adjourn at 3:39 p.m. No second necessary. Motion carried. YES: Goertz, Goodman, Kent, Mlnarik, Piskorski, Schroeder, and Wells; NO: None